



City of Reading Citizens' Service Center  
815 Washington Street  
Reading Pennsylvania 19601-3690  
(610) 655-6508 Fax (610) 655-6242  
www.readingpa.gov  
Email: csc@readingpa.org  
License Fee - \$55.00

**ITINERANT REGISTRATION QUESTIONNAIRE**

**For City Use Only**

Prior Year ☐ Itinerant ☐

% of Completion ☐

Account Number

Clerk Date

The following information is necessary for our records and will be held in strict confidence.

**All applicable questions (1-27) must be fully answered and clearly printed.**

1. Business Name: \_\_\_\_\_ 2. FEIN: \_\_\_\_\_  
3. Business Phone: \_\_\_\_\_ 4. Fax: \_\_\_\_\_  
5. E-Mail: \_\_\_\_\_ 6. Website: \_\_\_\_\_  
7. Mailing Address Where all Forms are to be Sent: \_\_\_\_\_

8. Start Date of Construction or Business Activity within the City of Reading: \_\_\_\_\_  
9. Expected Completion Date of Construction or Activity within the City of Reading (If applicable): \_\_\_\_\_  
10. Describe Business Activity/Construction Type: \_\_\_\_\_  
11. Site of Construction or Complete Work Address Within the City of Reading: \_\_\_\_\_

**If You Are Not a Contractor, Skip Questions 12 – 13.**

12. Dollar-Amount of Contract: \_\_\_\_\_  
13. Is Revenue Recognized by Percentage of Completion? ( ) yes, ( ) no. If yes, Enter Projected Revenue Recognition Dates: \_\_\_\_\_

**14. Organization & Type of Business:**

Proprietorship _____	LLP/LP _____	S-Corp _____
Partnership _____	LLC _____	C-Corp _____
Association _____	Fiduciary _____	Date of Incorporation _____

15. Accounting Basis: ( \_\_ Cash ) ( \_\_ Accrual ) 16. Accounting Year: ( \_\_ Calendar ) ( \_\_ Fiscal )

17. No. Of Employees (W-2 Recipients\*) \_\_\_\_\_ 18. Monthly Payroll \$ \_\_\_\_\_

(\*W-2s & Monthly Payroll for individual(s) employed at City of Reading job site only)

**SUBCONTRACTORS**

**19. Please list entities who will be hired for this job as Independent Contractors, Subcontractors, or 1099 Recipients. Please use additional sheets if necessary.**

CONTACT NAME	BUSINESS NAME	MAILING ADDRESS	TELEPHONE & E-MAIL
ADDRESS			

CONTACT NAME	BUSINESS NAME	MAILING ADDRESS	TELEPHONE & E-MAIL
ADDRESS			

CONTACT NAME	BUSINESS NAME	MAILING ADDRESS	TELEPHONE & E-MAIL
ADDRESS			

CONTACT NAME	BUSINESS NAME	MAILING ADDRESS	TELEPHONE & E-MAIL
ADDRESS			

CONTACT NAME ADDRESS	BUSINESS NAME	MAILING ADDRESS	TELEPHONE & E-MAIL
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**PLEASE COMPLETE ITEMS #20-23 ONLY IF BUSINESS IS A SOLE PROPRIETORSHIP:**

**20. Owner's Name:** \_\_\_\_\_ **21. Owner's SSN:** \_\_\_\_\_

**22. Owner's Home Address:** \_\_\_\_\_

**23. Owner's Date of Birth:** \_\_\_\_\_  
(mm/dd/yyyy)

**24. IF BUSINESS IS A PARTNERSHIP, LLC, LLP, LP, OR CORPORATION (C or S), PLEASE COMPLETE BELOW:**

Partners', Members', Or Officers' Names	Title	Birth Date	Social Security Number	Home Address
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**25. Name of Previous Owner (If Any):** \_\_\_\_\_

**26. Previous Business Address (If Any):** \_\_\_\_\_

**27. I Hereby Certify That All Information And Statements Herein Are True and Correct.**

**If this form is not signed in the Citizens' Service Center it must be NOTARIZED.**

**X** \_\_\_\_\_  
**Proprietor/Partner/Member(s)/Officer(s) Signature** **Date**

**X** \_\_\_\_\_  
**Partner/Member(s)/Officer(s) Signature** **Date**

NOTE: The facts set forth herein are made subject to the penalties of 18 PA C.S. Sec. 4904 relative to unsworn falsifications to authorities.

\*If Business Is A Partnership, All Partners Must Verify Questionnaire Either By Personal Appearance At This Office For The Purpose Of Signing This Questionnaire Or By Separate Notarized Statement.